Attorney Docket No. FRAVEL - 1

DECLARATION AND POWER OF ATTORNEY

(Patent, Design or C-I-P Application)

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

	t and sole inventor (if only one nar ught on the invention entitled: SY					low) of the subject matter which is claimed EEMING COUPONS
X is attached hereto						٠.
was filed onas Application Serial No and was amended on						
		PRIO	R FOREIGN APPLICATION	(S)		· · · · · · · · · · · · · · · · · · ·
COUNTRY		APPLICA	APPLICATION NO.		FILING th, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
****	·					YES NO
						YES NO
hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application in the prior United States application in the manner provided by the first page of Title 35, United States Code, \$112, I acknowledge the duty to disclose material information is defined in Title 37, Code of Federal Regulations, \$1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.						
(Filing Date)				(Status)	(patented, pendi	ng, abandoned)
ONE (Application Serie	y(s) and/or agent(s) to prose	(Status) (patented, pending, abandoned) prosecute this application and transact all business in the Patent and Trademark Office				
FRIC A. LaMORTE, Reg. No. 34,653; MARY ALICE McMONAGLE, Reg. No. 41,187						
SOD CORRESPONDENCE TO: LAMORTE & ASSOCIATES, P.C. P.O. BOX 434 Yardley, PA 19067-8434			*			LaMorte, Esq. 15) 321-6772
FULL NAME OF INVENTOR #1	LAST NAME: Fravel		FIRST NAME: KEVIN		MIDDLE IN	,,
RESIDENCE & CITIZENSHIP	CITY: Bristol	STATE OR FOREIGN COUNTRY: PENNSYLVANIA			COUNTRY OF CITIZENSHIP: USA	
POST OFFICE Address	POST OFFICE ADDRESS: 3000 FORD ROAD, Apt.K-22	CITY: Bristol			STATE OR COUNTRY AND ZIP CODE: PENNSYLVANIA 19007	
FULL NAME OF INVENTOR #2	LAST NAME:	FIRST NAME:		MIDDLE N	AME:	
RESIDENCE & CITIZENSHIP	СІТҮ:	STATE OR FOREIGN COUNTRY:		COUNTRY	OF CITIZENSHIP:	
POST OFFICE Address	POST OFFICE ADDRESS:	сіту:		STATE OR	STATE OR COUNTRY AND ZIP CODE:	
FULL NAME OF INVENTOR #3	LAST NAME:	FIRST NAME:		MIDDLE N	AME:	
RESIDENCE & CITIZENSHIP	CITY:	STATE OR FOREIGN COUNTRY:		COUNTRY	COUNTRY OF CITIZENSHIP:	
POST OFFICE ADDRESS	POST OFFICE ADDRESS:	сіту:		STATE OR	STATE OR COUNTRY AND ZIP CODE:	
ISTING OF INVENTORS CONTINUED ON PAGE 2 HEREOF: YES NO _X						
hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements vere made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.						
Signature of Inventor #1	F.I.	ntor #2		Signature of Inven	tor #3	
Alon U.	rand		 			

Date: August 7, 2001 Date:

SEE PAGE 2 ATTACHED, SIGNED AND MADE A PART HEREOF: YES ___ NO _X